



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000001

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MMEC,

DOING BUSINESS A

ADDRESS 100 EVERENDON RD.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: MAC DONALD,  
ROBERT B.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

COCKTAIL BAR,PATIO,GOLF SHOP AREA,SHOWER ROOMS WITH 4 ENTNCES(FIRST FL.)FUNCTION ROOM,MENS & LADIES ROOM,CATERERS KITCHEN AND ATACHED DECK ( SECOND FL.) ALSO THE 18 HOLE GOLF COURSE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

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\_\_\_\_\_

DATE:

\_\_\_\_\_



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000002

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILTON HOOSIC CLUB INC., THE

DOING BUSINESS AS

ADDRESS 70 GREEN LODGE ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: LAMB, PATRICIA TYPE OF LICENSE: Club  
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY FRAME BLDG WITH BATHING AND TOILET FACILITIES ON GROUND FLOOR.  
2ND FLR; COMMON ROOM WITH KITCHEN AND dining area and offices

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000003

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PONKAPOAG CIVIC ASSOCIATION, INC.

DOING BUSINESS AS

ADDRESS 17 GREENBRIAR RD.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: SWEETLAND,  
ROBERT T.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LARGE HALL-STORAGE ROOM AND KITCHEN

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000005

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Bar Management Corp

DOING BUSINESS AS CANTON JUNCTION SPORTS PUB @BOSTON'S BY THE VIADUC

ADDRESS 399 NEPONSET ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: THOMAS, JAMES P. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

REST. 2 DINING RMS., 2 FUNCTION RMS. 1 LOUNGE TO INCLUDE 15' X 36' CONCRETE DECK SURROUNDING WROUGHT IRON FENCE.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000006

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE JUNCTION BAR AND GRILLE, INC.

DOING BUSINESS AS THE JUNCTION BAR AND GRILLE

ADDRESS 601 NEPONSET ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: COPPOLA,  
ENRICO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG, ONE ROOM AND KITCHEN ON STREET FLOOR, STORAGE IN BASEMENT

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000007

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLUE HILL ASSOCIATES, INC.

DOING BUSINESS AS BLUE HILL C.C.

ADDRESS 23 PECUNIT ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: Hall, Daniel

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 FLOORS; 1ST FLR; FOUR ROOMS, BOILER ROOM, LADIES AND MENS LOCKERS, COCKTAIL LOUNGE. 2ND FLR; 3 ROOMS AND STOREROOM, MAIN DINING ROOM LOUNGE, SNACK BAR, KITCHEN. 3RD FLR; ONE ROOM, FUNCTION ROOM AND LOUNGE

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000008

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CANTON TOWN CLUB, INC.

DOING BUSINESS AS

ADDRESS 300 BAILEY ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: THEODORE,  
THOMAS W.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR WITH CLUB ROOM AND BAR, MEN'S REST ROOM, SHOWER AND SAUNA  
BATH. GAME ROOM AND STORAGE AREA. SECOND FLOOR; MAIN HALL WITH BAR  
, LOUNGE AREA, MENS AND LADIES RESTROOMS, STORAGE AREA, DRESSING ROOM

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000009

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WAMPATUCK COUNTRY CLUB OF CANTON, THE  
DOING BUSINESS AS

ADDRESS 99 PLEASANT GARDEN ROAD

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: EARDLEY, STEVE TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD FRAME BLDG ON CONCRETE FOUNDATION USED AS A CLUB HOUSE  
CONSISTING OF 3 ROOMS UPSTAIRS AND 5 ROOMS DOWNSTAIRS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000010

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROSSGLOW LLC

DOING BUSINESS AS THE HILLSIDE PUB

ADDRESS 4 ROYALL ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: MCCANN,  
WALTER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG INCLUDING KITCHEN, LOUNGE AND RESTROOMS PARTIAL BASEMENT  
FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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DATE:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000011

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 WEST, INC.

DOING BUSINESS AS 99 RESTAURANT PUBS

ADDRESS 362 TURNPIKE ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: RUSSELL, LINDA M. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN DINING ROOM, COCKTAIL LOUNGE AND BANQUET ROOM

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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By:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000012

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BETSY & SEAN CORP.

DOING BUSINESS AS NEW TURNPIKE CAFÉ

ADDRESS 958 TURNPIKE ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: BRODIGAN,  
PATRICK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOODEN BLDG

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000014

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ASIA RESTAURANT INC

DOING BUSINESS AS GOLDEN CHINA

ADDRESS 599 WASHINGTON ST

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: CHEN, CHI HING

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR TWO ROOMS AND BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000016

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEPONSET CAFE INC.

DOING BUSINESS AS

ADDRESS 497 WASHINGTON ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: TITUS, WENDY L. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 1/2 STORY BLDG; CAFE, KITCHEN, DINING ROOM ON FIRST FLOOR AND BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000017

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: T & B PUB INC.

DOING BUSINESS AS T & B PUB

ADDRESS 521 WASHINGTON ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: LAMPRON,  
RODNEY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

KITCHEN, DINING ROOM, LOUNGE AND BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000018

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MATCOR, INC.

DOING BUSINESS AS MATT KELLY'S PUB

ADDRESS 541 WASHINGTON ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: KELLY, FRANCIS G. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS ON STREET FLOOR, BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000019

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JNM HOSPITALITY GROUP, INC

DOING BUSINESS AS CENTER FIELD'S BAR & GRILL

ADDRESS 643 WASHINGTON STREET

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: MARATHAS,  
JAMES N.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WILL INCLUDE TWO DINING ROOMS, GAME ROOM, SEPARATE BAR AREA,  
AND OUTSIDE SEASONAL SEATING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000020

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AM. LEG. EDWARD J. BEATTY POST #24 INC

DOING BUSINESS A

ADDRESS 00950R WASHINGTON ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: SCJMEIDER,  
BARRY H.

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH BASEMENT-2 ROOMS ON FIRST FLOOR, BASEMENT ROOM  
CONTAINING KITCHEN AND BAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000021

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MEDFIELD EATERIES, INC.

DOING BUSINESS AS Royal Sports Café

ADDRESS 2790 WASHINGTON ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: MARATHAS,  
JAMES

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, ONE FRONT ENTRANCE, SERVICE ENTRANCE IN REAR, FIRST FLOOR  
KITCHEN, DINING ROOM AND STORAGE FOR LIQUOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000023

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TEDESCHI FOOD SHOPS, INC.

DOING BUSINESS AS CROWELL'S MARKET

ADDRESS 2160 WASHINGTON ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: WALSH, SUSAN D. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000024

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DEAN STREET LIQUORS, INC.

DOING BUSINESS AS CANTON VILLAGE WINE & SPIRITS

ADDRESS 95 WASHINGTON ST

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: WILSON,  
JEFFREY M.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SUITE 404 APPROX 2500SQFT WITH FRONT AND REAR EXITS AND APPROX 400 SQFT OF  
DEDICATED STORAGE SPACE IMMEDIATELY ADJACENT TO REAR EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*Alcoholic Beverages Control Commission*  
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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000025

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PAULA'S PACKAGE STORES INC

DOING BUSINESS AS PAULA'S PACKAGE

ADDRESS 626 WASHINGTON ST.

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: WEDGE, PAULA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH FULL BASEMENT. FIRST FLOOR CONSISTS OF OPEN RETAIL  
STORAGE AREA WITH OFFICE AND BATHROOM. TWO MEANS OF ENTRANCE AND  
EGRESS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000027

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRI TOWN DISCCOUNT LIQUORS, LLC

DOING BUSINESS AS

ADDRESS 00100A WASHINGTON STREET

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: TAMBER, JOHAR TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM W/ 5200 S/F OF FLOOR SPACE ON ONE FLOOR. ONE ENTRANCE/EXIT; ONE BACK DOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000033

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ABACUS HOLDINGS, INC

DOING BUSINESS AS MAI PLACE

ADDRESS 323 TURNPIKE ST

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: WU, CHEUK P

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SEATING FOR 48 PATRONS, WITH FRONT DOOR AND REAR EXIT OUT OF MAIN BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000036

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SPRINGDALES, INC.

DOING BUSINESS AS SPRINGDALE'S

ADDRESS 489 BOLIVAR ST

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: GOULSTON, EMIL Y

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

40X40 OVERSIZED CAPE USED AS A RETAIL STORE. ONE ENTRANCE AND A REAR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000037

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NAS ENTERPRISES LLC

DOING BUSINESS AS RAY'S VARIETY

ADDRESS 1036 TURNPIKE STREET

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: SHIBLI, NASREEN TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000039

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: IRISH CULTURAL CENTER, INC.

DOING BUSINESS AS

ADDRESS 200 BOSTON DRIVE

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: MCTIGUE, MARY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

F.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

first floor, lounge ' kitchen, restrooms, function room, basement for storage. 2nd floor offices; storage, function room Fenced patio and tent

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000043

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERTUCCI'S RESTAURANT, CORP.

DOING BUSINESS AS BERTUCCI'S BRICK OVEN RISTORANTE

ADDRESS 95 WASHINGTON STREET

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: HARRINGTON JR., TYPE OF LICENSE: Restaurant  
GEORGE T.

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000044

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HALFWAY CAFE INC.

DOING BUSINESS AS HALFWAY CAFE, INC.

ADDRESS 95 WASHINGTON ST

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: CAHILLANE,  
THOMAS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 2600 SQ FT, THREE ENTRANCES AND EXITS, TWO UP FRONT, 70 INTERIOR SEATING CAPACITY, 30 EXTERIOR CAPACITY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000046

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BAY STATE WINE & SPIRITS INC.

DOING BUSINESS AS

ADDRESS 2740 WASHINGTON STREET

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: SAYAH, MARY S. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

within the confines of a 2500 sq ft gourmet shop/caterer. Licensee will use about 200 sq ft including back room, storage, single level

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000048

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NISA'S THAI CUISINE INC.

DOING BUSINESS AS

ADDRESS 620-22 WASHINGTON ST

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: BAKER, NISA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000049

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: P.B. & G. FOODS, INC

DOING BUSINESS AS PETE'S PLACE BAR & GRILL

ADDRESS 614 WASHINGTON STREET

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: MARQUES,  
VALERIE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000050

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAEL ENTERPRISES, INC

DOING BUSINESS AS THE NEWS STAND

ADDRESS 719 WASHINGTON ST

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: MASSIH, DALE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SEE ATTACHED ADDENDUM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000054

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: B & D PROVISIONS, INC.

DOING BUSINESS AS

ADDRESS 11 WASHINGTON STREET

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLOOR CONVENIENCE FOOD STORE W/BEER & WINE BASEMENT, STORAGE ONLY  
17,000 SQ. FT. TOTAL 18,000 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000056

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AJIT NAMBIAR

DOING BUSINESS A 7 ELEVEN

ADDRESS 504 WASHINGTON STREET

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: NAMBIAR,AJIT

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2,500 SQ. FT. OF STORAGE IN REAR. EMERGENCY EXIT IN REAR. FRONT DOOR  
ENTRANCE/EXIT TO 10,000 SQ. FT PARKING LOT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000059

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CANTON LODGING, LLC

DOING BUSINESS AS HOMEWOOD SUITES

ADDRESS 50 ROYALL STREET

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: HAZEL,  
NICKOLAS

TYPE OF LICENSE: Innholder

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FOUR STORY WOOD BUILDING; TEN ENTRANCES AND EXITS; 1,180 SQ FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000060

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JW ZHENG, INC.

DOING BUSINESS AS TAKARA JAPANESE RESTAURANT

ADDRESS 592 WASHINGTON STREET

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: ZHENG, DONG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR RESTAURANT WITH FRONT ENTRANCE AND EMERGENCY EXIT, SEATING FOR 60 PATRONS IN DINING ROOM, SUSHI BAR, KITCHEN, STORAGE ROOM, BASEMENT AND REAR EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000061

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CANTON GOURMET INC.

DOING BUSINESS AS GOURMET GARDEN

ADDRESS 95 WASHINGTON STREET

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: HUANG, RICKY  
ZHONG QUIG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNIT C ...4826 SQ FT WITH DINING ROOM, BAR, SUSHI BAR, KITCHEN, STORAGE AREAS  
& OFFICE WITH MENS AND WOMEN'S REST ROOMS...SEASONAL PATIO WITH SEATING  
FOR 16...ONE MAIN ENTRANCE AND TWO REAR EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017000062

CITY OR TOWN CANTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KRISTINA MIKELENIENE

DOING BUSINESS AS AMBER ROAD CAFE

ADDRESS 635 WASHINGTON STREET

CITY/TOWN: CANTON

STATE: MA

ZIP CODE: 02021

MANAGER: MIKELENIENE,  
KRISTINA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH DINING ROOM ( 30 SEATS) KITCHEN, PREP ROOM, STORAGE ROOM 200 SF.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE: